

BK 0400 PG 0387

STATE MS.-DE SOTO CO.  
FILED

OCT 3 9 09 AM '01

FILE #00-165  
PREPARED BY & RETURN TO:  
MCFALL LAW FIRM  
7105 SWINNEA RD SUITE 1  
SOUTHAVEN, MS 38671  
(662) 349-7780

EWELL LEE HALL, JR. AND  
EWELL LEE HALL SR.,  
GRANTORS

TO

BK. 400 PG. 387 WARRANTY  
W.F. HALL, JR.

DEED

FREDDY W. TURNER and wife,  
ELIZABETH TURNER,  
GRANTEES

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, EWELL LEE HALL, JR. AND EWELL LEE HALL, SR., do hereby sell, convey, and warrant unto FREDDY W. TURNER and wife ELIZABETH TURNER, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 327, Section D, DeSoto Woods Subdivision, in Section 1, Township 2 South, Range 8 West, as shown by the plat recorded in Plat Book 10, Page 39, in the Office of the Chancery Clerk of DeSoto County, Mississippi. Subject property includes 1973 Lockwood 60x12 Trailer, Serial Number 2311217R.

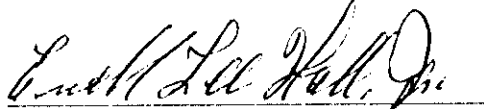
The above property is the same property conveyed to the GRANTORS herein by Deed of Gift in Book 327, Page 375, in the Chancery Clerk's Office of DeSoto County, Mississippi.

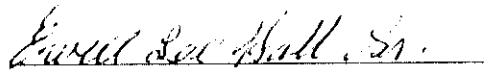
**By way of further explanation:** Ewell Lee Hall, Sr., joins in the execution of this deed to convey and all rights he may have in subject property by way of his retained life estate in subject property.

The warranty in this deed is subject to the rights of ways and easements for public roads and utilities to building, zoning, subdivision, and health department regulations in effect in DeSoto County, Mississippi and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Taxes for the year 2001 have been prorated between Grantor and Grantee and are to be paid on due date by Grantor.

WITNESS OUR SIGNATURE, this the 25<sup>th</sup> day of September, 2001.

  
Ewell Lee Hall, Jr.

  
Ewell Lee Hall, Sr.

STATE OF MISSISSIPPI:  
COUNTY OF DESOTO;

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: Ewell Lee Hall, Jr. and Ewell Lee Hall, Sr., who acknowledged that they signed and delivered the above and foregoing Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 25<sup>th</sup> DAY OF SEPTEMBER 2001.

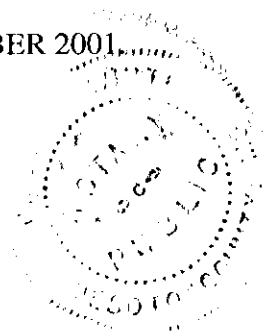
  
NOTARY PUBLIC

My Commission Expires: Notary Public State of Mississippi At Large  
My Commission Expires: August 23, 2003  
Bonded Thru Helden, Brooks & Garland, Inc.

Property Address: 5895 Estate Drive, Horn Lake, MS 38637

GRANTOR'S ADDRESS  
5895 Estate Drive  
Southaven, MS  
662-265-6777  
HM PHONE WK PHONE

GRANTEE'S ADDRESS  
3565 Corsica Dr.  
Horn Lake, MS, 38637  
393-7729 342-4505  
HM PHONE WK PHONE



**TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT  
CERTIFICATE OF DEATH**

BK 0400PG0388  
STATE FILE NUMBER

TYPE/PRINT-  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
E HANDBOOK

NAME OF DECEASED:  
For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) <b>RUTH VIOLA FULLER HALL</b>				2. SEX <b>FEMALE</b>		3. DATE OF DEATH (Month, Day, Year) <b>SEPT. 29, 1993</b>	
4. SOCIAL SECURITY NUMBER (of Deceased) <b>411-28-2908</b>		5a. AGE - LAST BIRTHDAY (Years) <b>80</b>		5b. UNDER 1 YEAR MO. <b>00</b> DAYS <b>00</b> HOURS <b>00</b> MIN.		6. DATE OF BIRTH (Month, Day, Year) <b>SEPT. 17, 1913</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>LAFAYETTE CO., MS</b>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) <b>ST. FRANCIS HOSPITAL</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>MEMPHIS</b>		9d. COUNTY OF DEATH <b>SHELBY</b>	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>EWELL, L. HALL, SR.</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>HOMEMAKER</b>		12b. KIND OF BUSINESS/INDUSTRY <b>AT HOME</b>	
13a. RESIDENCE—STATE <b>MISSISSIPPI</b>		13b. COUNTY <b>DeSOTO</b>		13c. CITY, TOWN OR LOCATION <b>HORN LAKE</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>5960 ROCKLAND RD.</b>	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE <b>38637</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Specify, if yes:		15. RACE—American Indian, Black, White, etc. (Specify) <b>WHITE</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (1-4 or 5+)							
17. FATHER'S NAME (First, Middle, Last) <b>EDWIN PINSON FULLER</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>HESSIE KING</b>			
19a. INFORMANT'S NAME (Type/Print) <b>EWELL HALL</b>				19b. RELATIONSHIP TO DECEASED <b>HUSBAND</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5960 ROCKLAND RD., HORN LAKE, MS 38637</b>	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>SHILOH CEMETERY</b>		20c. LOCATION—City or Town, State <b>OXFORD, MS</b>			
21a. SIGNATURE OF FUNERAL DIRECTOR <b>ROBERT T. ROSSON, JR.</b>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>FS 571</b>		21c. SIGNATURE OF EMBALMER <b>CHARLES L. VINSON</b>		21d. LICENSE NUMBER OF EMBALMER <b>3556</b>	
22a. NAME AND ADDRESS OF FUNERAL HOME <b>WALLER FUNERAL HOME, P.O. BOX 1200, OXFORD, MS 38655</b>						22b. LICENSE NUMBER OF FUNERAL HOME <b>FE37</b>	
23. REGISTRAR'S SIGNATURE <i>Chasandra L. Brown</i> Deputy				24. DATE FILED (Month, Day, Year) <b>OCT 20 1993</b>			
25a. PHYSICIAN—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.							
1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>A. Earl Weeks</i>				25b. LICENSE NUMBER <b>MO 019652</b>		25c. DATE SIGNED (Month, Day, Year) <b>10-17-93</b>	
26. MEDICAL EXAMINER—On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.							
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dr. A. Earl Weeks, 6005 Park Ave., Memphis, TN 38119</b>							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Esophageal Cancer (adenocarcinoma)</b> DUE TO (OR AS A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		b. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		d. _____					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				31e. LOCATION (Street and Number, or Rural Route Number, City or Town, State)			

**CAUSE OF DEATH**

PHYSICIAN OR MEDICAL EXAMINER EXCURTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

BIRTH NO.